Identification of epigenome-wide DNA methylation differences between carriers of *APOE* ε4 and

***APOE* ε2**

Authors

Rosie M. Walker[a,1*], Kadi Vaher[a,2], Mairead L. Bermingham[a], Stewart W. Morris[a], Andrew D.

Bretherick[b], Yanni Zeng[b,3], Konrad Rawlik[c], Carmen Amador[b], Archie Campbell[d], Chris S. Haley[b],

Caroline Hayward[b], David J. Porteous[a,d], Andrew M. McIntosh[e], Riccardo E. Marioni[a,4], Kathryn L.

Evans[a,4*]

[1]Present address: Centre for Clinical Brain Sciences, Chancellor's Building, 49 Little France Crescent,

Edinburgh BioQuarter, Edinburgh, EH16 4SB

[2]Present address: MRC Centre for Reproductive Health, The Queen's Medical Research Institute,

Edinburgh BioQuarter, 47 Little France Crescent, Edinburgh, EH16 4TJ

[3]Present address: Faculty of Forensic Medicine, Zhongshan School of Medicine, Sun Yat-Sen

University, 74 Zhongshan 2nd Road, Guangzhou 510080, China.

[4]Joint last authors

* Corresponding authors

Affiliations

[a]Centre for Genomic and Experimental Medicine, Institute of Genetics and Molecular Medicine,

University of Edinburgh, Edinburgh, EH4 2XU, UK

[b]MRC Human Genetics Unit, Institute of Genetics and Molecular Medicine, University of Edinburgh,

Edinburgh, EH4 2XU, UK

[c]Division of Genetics and Genomics, The Roslin Institute and Royal (Dick) School of Veterinary

Studies, University of Edinburgh, Easter Bush, Roslin, UK

[d]Generation Scotland, Centre for Genomic and Experimental Medicine, Institute of Genetics and

Molecular Medicine, University of Edinburgh, Edinburgh, EH4 2XU, UK

[e]Division of Psychiatry, University of Edinburgh, Royal Edinburgh Hospital, Edinburgh, EH10 5HF, UK

Email addresses

Rosie M. Walker: rwalke13@staffmail.ed.ac.uk; Kadi Vaher: kadi.vaher@ed.ac.uk; Mairead L.

Bermingham: mairead.bermingham@igmm.ed.ac.uk,   Stewart   W.   Morris:

Stewart.Morris@igmm.ed.ac.uk,   Andrew   Bretherick: a.bretherick@ed.ac.uk,   Yanni   Zeng:

zengyn5@mail.sysu.edu.cn,   Konrad   Rawlik: Konrad.Rawlik@roslin.ed.ac.uk,   Carmen   Amador:

carmen.amador@igmm.ed.ac.uk,   Archie   Campbell: archie.campbell@ed.ac.uk,   Chris   S.   Haley:

chris.haley@igmm.ed.ac.uk,   Caroline   Hayward: Caroline.Hayward@igmm.ed.ac.uk,   David   J.

Porteous: david.porteous@igmm.ed.ac.uk,   Andrew   M.   McIntosh: andrew.mcintosh@ed.ac.uk,

Riccardo E. Marioni: Riccardo.Marioni@ed.ac.uk, Kathryn L. Evans: Kathy.Evans@igmm.ed.ac.uk

Abstract

BACKGROUND: The *Apolipoprotein E* (*APOE*) ε4 allele is the strongest genetic risk factor for late onset Alzheimer's disease, while the ε2 allele confers protection. Previous studies report differential DNA methylation of *APOE* between ε4 and ε2 carriers, but associations with epigenome-wide methylation have not previously been characterised.

METHODS: Using the EPIC array, we investigated epigenome-wide differences in whole blood DNA methylation patterns between Alzheimer's disease-free *APOE* ε4 (n=2469) and ε2 (n=1118) carriers from the two largest single-cohort DNA methylation samples profiled to date. Using a discovery, replication and meta-analysis study design, methylation differences were identified using epigenome-wide association analysis and differentially methylated region (DMR) approaches. Results were explored using pathway and methylation quantitative trait loci (meQTL) analyses.

RESULTS: We obtained replicated evidence for DNA methylation differences in a ~169kb region, which encompasses part of *APOE* and several upstream genes. Meta-analytic approaches identified DNA methylation differences outside of *APOE*: differentially methylated positions were identified in *DHCR24*, *LDLR* and *ABCG1* ($2.59 \times 10^{-100} \leq P \leq 2.44 \times 10^{-8}$) and DMRs were identified in *SREBF2* and *LDLR* ($1.63 \times 10^{-4} \leq P \leq 3.01 \times 10^{-2}$). Pathway and meQTL analyses implicated lipid-related processes and high density lipoprotein cholesterol was identified as a partial mediator of the methylation differences in *ABCG1* and *DHCR24*.

CONCLUSIONS: *APOE* ε4 vs. ε2 carrier status is associated with epigenome-wide methylation differences in the blood. The loci identified are located in *trans* as well as *cis* to *APOE* and implicate genes involved in lipid homeostasis.

KEYWORDS: Alzheimer's disease, APOE, Apolipoprotein E, DNA methylation, cholesterol, lipids

1. Background

The ε4 allele of the *apolipoprotein E* gene (*APOE*) is the strongest genetic risk factor for late-onset (>65 years) Alzheimer's disease (AD) (1-3). Inheritance of one copy of this allele increases late-onset AD risk by two to four-fold, with two copies conferring an eight to twelve–fold increase in risk compared to the ε3/ε3 genotype (4, 5). The ε4 allele is also associated with a younger age-of-onset, with ε4 homozygotes having an average age-of-onset of 68 years compared to 84 years for ε3 homozygotes (4). In contrast, the ε2 allele has been associated with a ~50% reduction in AD risk compared to the ε3/ε3 genotype (5).

The three *APOE* alleles (ε2/ε3/ε4) are defined by two *APOE* exon 4 single nucleotide polymorphisms (SNPs) and encode functionally distinct ApoE isoforms. Isoform-dependent behaviours have been observed for many ApoE functions, including lipid metabolism, amyloid beta (Aβ) metabolism, tau phosphorylation, inflammation, and synaptic plasticity, with ApoE4 and ApoE2 conferring effects consistent with increased and reduced AD risk, respectively (6, 7).

Despite the wealth of evidence linking ApoE to processes implicated in AD pathogenesis, understanding of the specific mechanism(s) by which genetic variation at this locus alters risk remains incomplete. *APOE* genotype acts in conjunction with other genetic and/or environmental factors to confer AD risk: the lifetime risk of dementia or mild cognitive impairment is 31%-40% for ε4/ε4 homozygotes (8) but the effects of *APOE* ε4 have been shown to be modified by ethnic background and sex (5, 9). DNA methylation is associated with both genetic and environmental factors, and previous studies have identified associations with AD and neuropathological hallmarks of AD (10-12), AD risk factors (e.g. ageing (13), obesity (14) and lipid levels (15)), as well as modifiers of *APOE* genotype effects (e.g. sex (16) and ethnicity (17, 18)).

The two *APOE* haplotype-defining SNPs are located in a CpG island and have a direct effect on methylation by creating/destroying CpG sites (19). The *APOE* ε2/ε3/ε4 haplotype is associated with

methylation at other CpG sites within *APOE* (20, 21) but, to date, associations with methylation

across the epigenome have not been assessed. We hypothesised that characterising these

associations would yield insights into the biological context in which *APOE* acts, thus facilitating the

search for mechanisms conferring risk/resilience for AD. Importantly, by studying individuals who

are free from AD, we have the potential to identify pathogenic processes that precede the onset of

irreversible neurodegeneration.

2. Methods

2.1. Participants

The participants were selected from the Generation Scotland: Scottish Family Health Study

(GS:SFHS) cohort (~24,000 participants aged ≥18 years at recruitment), which has been described

previously (22, 23). The participants included in this study were of European (predominantly British)

ancestry, following the exclusion of participants with likely recent Italian or African/Asian ancestry

by principal components (PC) analysis (24). Participants attended a baseline clinical appointment at

which they were phenotyped for social, demographic, health and lifestyle factors, completed

cognitive assessments, and provided physical measurements and samples for DNA extraction.

GS:SFHS obtained ethical approval from the NHS Tayside Committee on Medical Research Ethics, on

behalf of the National Health Service (reference: 05/S1401/89) and has Research Tissue Bank Status

(reference: 15/ES/0040).

2.2. Blood sample collection and DNA extraction

DNA was extracted from blood (9ml) collected in EDTA tubes using the Nucleon BACC3 Genomic

DNA Extraction Kit (Fisher Scientific), following the manufacturer's instructions (25).

2.3. Genotyping of *APOE*

The *APOE* ε2/ε3/ε4 haplotypes are defined by two SNPs, rs429358 and rs7412, which were

genotyped using TaqMan probes at the Clinical Research Facility, Edinburgh.

2.4. Measurement of cholesterol levels

106 Total and high density lipoprotein (HDL) cholesterol were measured at the GS:SFHS baseline

107 appointment and non-HDL cholesterol levels were calculated by subtracting HDL cholesterol from

108 total cholesterol. The non-HDL cholesterol level reflects a combination of low density lipoprotein

109 (LDL) cholesterol and very low-density lipoprotein.

2.5. Genome-wide DNA methylation profiling for EWAS analyses

DNA methylation was profiled using the Infinium MethylationEPIC BeadChip (Illumina Inc.) in a

discovery (n=5190) and replication (n=4583) sample, as described previously (26-28) (Supplementary

Methods). The discovery and replication samples were normalised separately and converted to M-

values. The discovery data was corrected for relatedness (Supplementary Methods). Participants in

the replication sample were unrelated (SNP-based relatedness<0.05) to each other and/or discovery

sample participants.

Poor performing probes, X/Y chromosome probes and participants with unreliable self-report data

or potential XXY genotype were excluded (Supplementary Methods). The final discovery dataset

comprised M-values at 760,943 loci for 5087 participants; the replication dataset comprised M-

values at 758,332 loci for 4450 participants. All subsequent analyses of the DNA methylation data

were carried out using R versions 3.6.0., 3.6.1., or 3.6.2. (29, 30).

2.6. Statistical analyses

123 A flow chart indicating all analyses is presented in Figure 1.

2.7. Epigenome-wide association studies

EWASs were implemented using limma (31). CpG M-values were the dependent variable and *APOE*

ε4 vs. ε2 carrier status (a binary variable indicating *APOE* ε4 carriers with a "1" and *APOE* ε2 with a

"0"; ε4/ε2 and ε3/ε3 participants were excluded) was the predictor-of-interest. Participants self-

reporting AD (n=five) were excluded. Additional covariates were included as below:

Discovery sample

CpG site (pre-corrected for relatedness, estimated cell counts and processing batch) ~ *APOE* ε4 vs. ε2

+ age + sex + smoking status + pack years + 20 methylation PCs

Replication sample

CpG site (M-values) ~ *APOE* ε4 vs. ε2 + age + sex + smoking status + pack years + estimated cell

counts (granulocytes, natural killer cells, B-lymphocytes, CD4+T-lymphocytes and CD8+T-

lymphocytes) + processing batch + 20 methylation PCs

The variables "smoking status", "pack years" and the methylation PCs are explained in the

Supplementary Methods.

An additional sensitivity analysis of the replication sample was performed in which the first 10

genetic PCs, calculated using GCTA (32), were included. The decision to include 10 PCs was based on

inspection of a scree plot (Supplementary Figure 1).

Limma was used to calculate empirical Bayes moderated t-statistics from which *P*-values were

obtained. The significance threshold in the discovery sample was $P \leq 3.6 \times 10^{-8}$ (33). Sites attaining

significance in the discovery sample were assessed in the replication sample using a Bonferroni-

corrected threshold of 0.05/no. sites assessed.

2.8. EWAS meta-analysis

Inverse variance-weighted fixed effects meta-analyses of 756,971 sites common to the discovery and

replication EWAS results were performed using METAL (34). Sites attaining a meta-analysis $P \leq 3.6$ x

10^{-8} were considered significant.

2.9. Comparison of DNA methylation levels between *APOE* haplotypes

For the differentially methylated positions (DMPs) identified through the EWAS meta-analysis,

pairwise differences in methylation levels between carriers of the *APOE* ε2/ε2, ε2/ε3, ε3/ε3, ε3/ε4,

and ε4/ε4 haplotypes in the discovery sample were investigated, using the R package lsmeans (35).

P-values were adjusted using a Bonferroni correction to account for the 10 within-CpG comparisons

performed for each of the 20 CpGs assessed (i.e. an adjustment was performed for 200 tests).

Corrected $P \leq 0.05$ was considered statistically significant.

2.10.   Identification of differentially methylated regions

157 DMRs associated with *APOE* ε4 vs. ε2 carrier status were identified using the dmrff.meta function

158 from the dmrff R package (36). Putative DMRs were defined as regions containing two to thirty sites

159 separated by ≤500 bp with EWAS meta-analysis $P \leq .05$ and methylation changes in a consistent

160 direction. Following dmrff's subregion selection step, DMRs with Bonferroni-adjusted $P \leq .05$ were

161 declared significant.

2.11.   Gene ontology/KEGG pathway analyses

Gene ontology (GO) and KEGG pathway analyses were implemented using missMethyl's gometh

function (37). The target list comprised probes that were suggestively associated with the

phenotype-of-interest ($P \leq 1$ x 10^{-5}) in the meta-EWAS or that contributed to a significant DMR

(adjusted $P \leq 0.05$) and the gene universe included all analysed probes. Enrichment was assessed

using a hypergeometric test, accounting for the bias arising from the variation in the number of

probes-per-gene. Bonferroni-corrected significance thresholds of $P \leq 2.21 \times 10^{-6}$ and $P \leq 1.48 \times 10^{-4}$

were applied to account for the 22,578 GO terms and 337 KEGG pathways assessed.

2.12.   Bootstrap mediation analysis

The roles of cholesterol levels (total cholesterol, HDL cholesterol and non-HDL cholesterol) in

mediating any observed associations between *APOE* ε4 vs. ε2 carrier status and DNA methylation

were assessed by bootstrap mediation analysis using the R package "mediation" (38). The analyses

were performed using 10000 bootstrap samples in the discovery and replication samples separately

and these results were then meta-analysed using inverse variance-weighted fixed effects meta-

analyses to obtain meta-analyses *P*-values and effect estimates. Significant mediation was declared

when the meta-analysis *P*-value met a Bonferroni-adjusted (to account for the assessment of 20

DMPs) significance threshold of $P \leq .05$.

2.13.   Genotyping and imputation

180   The genotyping and imputation of GS:SFHS to the Haplotype Reference Consortium reference panel

181   release 1.1 (39) has been described previously (25, 40) (Supplementary Methods).

2.14.   Identification of methylation quantitative trait loci

Methylation quantitative trait loci (meQTLs) were identified using the discovery sample. Following

quality control, the data was normalised and corrected as described previously (41) (Supplementary

Methods). Normalised and corrected data was available for 26 of the 31 CpGs-of-interest in this

study. The resulting residuals were inverse rank normal transformed and entered as the dependent

variable in simple linear model GWASs to identify meQTLs. GWASs were implemented using

REGSCAN v0.5 (42). SNPs that were associated with a CpG with $P \leq 1.92 \times 10^{-9}$ ($5 \times 10^{-8}/26$) were

declared to be meQTLs. SNPs located within one megabase up- or downstream of their associated

CpG were defined as *cis* meQTLs; all other associated SNPs were defined as *trans* meQTLs. A look-up

analysis of the GWAS catalog (43) (GWAS catalog v1.0.2., downloaded 07/09/20) was performed in

which SNPs identified as meQTLs for the CpGs of interest were queried for their significant ($P \leq 5$ x 10^{-}

^{8}) disease or trait associations in the GWAS catalog.

2.15.   Association analyses of *APOE* ε4 vs. ε2 carrier status

Association analyses were performed to assess whether meQTLs for the meta-analysis DMPs are

associated with *APOE* ε4 vs. ε2 carrier status and, therefore, might contribute to the differences in

methylation observed between *APOE* ε4 and ε2 carriers. Association tests used BOLT-LMM (44) to

perform linear mixed models in participants with available *APOE* genotypes (ε2 n=2613; ε4 n=5401).

BOLT-LMM adjusts for population structure and relatedness between individuals whilst assessing

association. Sex was included as a covariate. Associations were considered significant when $P \leq 5$ x 10^{-}

^{8}.

3. Results

3.1. Sample demographics

204 The EWAS discovery sample comprised 1253 *APOE* ε4 and 596 *APOE* ε2 allele carriers and the

205 replication sample comprised 1216 *APOE* ε4 and 522 *APOE* ε2 allele carriers. Twenty-seven ε2/ε2,

206 569 ε2/ε3, 2926 ε3/ε3, 1128 ε3/ε4 and 125 ε4/ε4 participants from the discovery sample were

207 available for the pairwise analysis of genotypes. Key sample demographic information is presented

208 in Supplementary Table 1.

3.2. Identification of differentially methylated positions and regions in *APOE* ε4 vs. ε2 carriers

An EWAS of *APOE* ε4 vs. ε2 carriers in the discovery sample identified eight significant DMPs, of

which half were hypermethylated in *APOE* ε4 carriers. These DMPs had a mean absolute effect size

of 0.070 (range: 0.033 − 0.103) and *P*-values ranging from 6.40 x 10^{-56} to 8.81 x 10^{-9}. All eight sites

were also significant (8.60 x $10^{-49} \leq P \leq 7.25$ x 10^{-6}) in the replication sample with a consistent direction

of effect (mean absolute effect size = 0.102; range: 0.049 – 0.170; Supplementary Table 2). The eight

sites are located in a ~169kb region on chromosome 19 (chr. 19: 45,242,346-45,411,802;

GRCh37/hg19), which spans a region of the genome upstream of and including part of the *APOE*

gene (chr19: 45,409,039-45,412,650; GRCh37/hg19). A sensitivity analysis of the discovery sample in

which a methylation-based smoking score (45) was included as a covariate instead of the smoking

covariates included in the original analysis ("smoking status" and "pack years") produced highly

similar results across all measured CpGs (correlation between effect sizes = 0.99, 95% confidence

interval (CI): 0.99-0.99; $P<2.2 \times 10^{-16}$; Supplementary Table 2). An additional sensitivity analysis in

which the first 10 genetic PCs were included as additional covariates in the analysis of the replication

sample also produced results that were highly correlated with those from the original replication

sample analysis ($r = 1.00$, 95% CI: 1.00-1.00, $P<2.2 \times 10^{-16}$; Supplementary Table 2).

Inverse variance-weighted fixed effects meta-analysis of the discovery and replication samples

identified 20 DMPs, with *APOE* ε4 carrier status associated with hypomethylation at 13 (65%) of

these sites. Across all 20 DMPs, the mean absolute effect size was 0.052 (range: 0.022 – 0.11) with *P*-

values ranging from 2.80×10^{-100} to 2.4×10^{-8} (Table 1; Figure 2). Sixteen of these sites are located on

chromosome 19q in a ~233kb region (chr19: 45,221,584 – 45,454,752; GRCh37/hg19) encompassing

APOE and several surrounding genes (Supplementary Figure 2). Henceforth, the region containing

APOE and neighbouring genes will be referred to as the "*APOE* locus". The most significant DMP,

cg13375295, is located ~4.5kb upstream of *Poliovirus Receptor-related 2* (*PVRL2*), a gene situated

~16.5kb upstream of *APOE*.   Four other DMPs (cg10762466, cg10178308, cg11643040 and

cg06198803) are located either upstream or in the gene body of *PVRL2*. Two DMPs (cg06750524 and

cg16471933) are located in *APOE*: cg06750524, the DMP with the largest effect size, in the intron

between exons 2 and 3; and cg16471933 in exon 4, 139bp 5' of rs429358, one of the *APOE* ε4/ε2-

defining SNPs. Although both the *APOE* DMPs are more highly methylated in *APOE* ε4 carriers; the

DMPs in the surrounding region do not show a consistent direction of effect.

Four DMPs are located outside of chromosome 19q: cg17901584, 785bp upstream of the *24-*

dehydrocholesterol reductase (*DHCR24*) gene on chromosome 1; cg19751789, 94bp upstream of the

low density lipoprotein receptor (*LDLR*) gene on chromosome 19p; and two, cg16740586 and

cg06500161, are located 668bp apart in the same intron of multiple *ATP Binding Cassette Subfamily*

G Member 1 (*ABCG1*) isoforms.

To further investigate the pattern of methylation observed at these 20 DMPs, pairwise comparisons

were performed between carriers of the following *APOE* haplotypes: ε2/ε2, ε2/ε3, ε3/ε3, ε3/ε4, and

ε4/ε4. These analyses revealed a range of allele-associated methylation patterns, which are depicted

in Supplementary Figure 3 and described in Supplementary Table 3. Carriers of the *APOE* ε2 allele

(ε2/ε2 or ε2/ε3) differed from ε3/ε3 homozygotes at 14 of the DMPs, whilst carriers of the *APOE* ε4

allele (ε4/ε4 or ε3/ε4) differed from ε3/ε3 homozygotes at four DMPs. Dosage effects were

observed at two DMPs for ε2 carriers (Supplementary Figure 3 A and S) and one DMP for ε4 carriers

(Supplementary Figure 3B), although the small numbers of participants who are homozygous for

APOE ε2 (n = 27) and ε4 (n = 128) likely rendered our study underpowered to detect all dosage

effects. For the two DMPs located within the *APOE* gene (cg06750524 and cg16471933), an increase

in mean methylation levels was observed from ε2/ε2 homozygotes to ε3/ε3 homozygotes, with a

further increase to the ε4/ε4 group (Supplementary Figure 3B and E). At the four DMPs outside of

the *APOE* locus, the methylation differences appear to be predominantly driven by the ε2 allele

(Supplementary Figure 3K, M, O and S).

Differentially methylated regions (DMRs) were identified using a meta-analysis approach, which

identified six significant regions (Supplementary Figure 4). Across all the DMRs, the mean absolute

effect size was 0.182 (range: 0.135 − 0.231) and Bonferroni-adjusted *P*-values ranged from 1.63×10^{-4}

to 3.01×10^{-2} (Table 2).Three of the DMRs are located at the *APOE* locus, two are in the first intron

of *Sterol Regulatory Element Binding Transcription Factor 2* (*SREBF2*) on chromosome 22, and the

other is in the putative promoter of *LDLR* on chromosome 19p. All but one of the DMRs, which is

located 190 bp upstream of the *apolipoprotein C1 pseudogene 1* (*APOC1P1*) at the *APOE* locus, are

hypomethylated in *APOE* ε4 carriers. Only one of the DMRs, located in an exon of a read-through

transcript involving *apolipoprotein C2* (*APOC2*) and *apolipoprotein C4* (*APOC4*), contains CpGs that

were identified as DMPs (cg13119609 and cg09555818).

GO analysis was carried out using the 19 Entrez IDs mapping to the 46 CpG sites with a meta-EWAS

$P{\leq}1 \times 10^{-5}$ or that contributed to a significant DMR. This identified 78 significant GO terms (Table 3;

Supplementary Table 4), the most significant of which was "cholesterol metabolic process" (P=2.00 x

10^{-11}). Significant enrichment for the KEGG pathways "cholesterol metabolism" (P=5.93 x 10^{-10}) and

"steroid biosynthesis" (P=1.22 x 10^{-4}) was also observed.

3.3. Assessment of the role of cholesterol in mediating methylation differences between *APOE*

ε4 and ε2 carriers

Given the well-established role of ApoE in cholesterol metabolism (6), bootstrap mediation analyses

were performed to assess the role of cholesterol levels (total, HDL or non-HDL cholesterol) in

mediating the association between *APOE* ε4 vs. ε2 carrier status and methylation at the 20 meta-

analysis DMPs. Inverse variance-weighted fixed effects meta-analysis of the bootstrap mediation

analyses in the discovery and replication samples identified HDL cholesterol as a significant mediator

of the associations with the two *ABCG1* DMPs cg06500161 (effect size = 0.006; effect size standard

error = 0.001; P=1.18 x 10^{-6}) and cg16740586 (effect size = 0.004; effect size standard error = 0.001;

P=4.93 x 10^{-5}), and the *DHCR24* promoter DMP, cg17901584 (effect size = -0.007; effect size standard

error = 0.001; P=6.04 x 10^{-6}), for which it mediated 25.2%, 11.5%, and 18.2% of the relationship,

respectively (Supplementary Table 5). For some sites, inspection of the *P*-values indicated total and

non-HDL cholesterol to be significant mediators but the proportion of the relationship between

APOE ε4 vs. ε2 carrier status and methylation attributable to the mediator was negative

(Supplementary Table 5). This indicates that, at these sites, the direction of the association between

the cholesterol phenotypes and methylation is the opposite to the direction of the association

between *APOE* ε4 vs. ε2 carrier status and methylation.

3.4. Assessment of meQTLs associated with loci that are differentially methylated between

APOE ε4 and ε2 carriers

To explore the DMP and DMR CpGs further, meQTL analyses were performed. Whilst it was

expected that meQTLs for the DMP and DMR CpGs would be identified at the *APOE* locus, the

identification of meQTLs outside of this locus would be of particular interest. Should meQTLs outside

of the *APOE* locus be found to be show non-random segregation with *APOE* ε4 vs. ε2 carrier status,

these meQTL SNPs might contribute to the methylation differences observed in this study and *APOE*

genotype effects more generally.

It was possible to assess meQTLs for 26 of the 31 CpGs of interest (from the DMP and DMR

analyses); amongst these CpGs, 23 were associated with a meQTL. In total, 3727 significant CpG-SNP

associations were identified for the 23 CpGs, involving 1654 unique SNPs (Figure 3; Supplementary

Table 6). Unsurprisingly, more than half of the meQTLs (n=947) were located in a ~719kb region

(chr19: 45,004,645– 45,723,446; GRCh37/hg19) spanning *APOE*. The *APOE* region meQTLs are

associated with 16 CpGs, of which 14 are located at the *APOE* locus. None of these meQTLs is

associated with all 16 CpGs: two are each associated with nine CpGs: rs7412, one of the *APOE*

ε2/ε3/ε4-defining SNPs; and rs41290120, an intronic *PVRL2* SNP that is in high linkage disequilibrium

with rs7412 with D' = 0.85 in the British population (46). The two CpGs associated in *trans* with SNPs

in the *APOE* region are cg16000331 in *SREBF2* and cg19751789 in *LDLR*.

Outside of the *APOE* locus, the remaining 707 meQTLs, which are associated with 10 CpGs, are

located in 11 genomic regions (Figure 3; Supplementary Table 7), with each region containing

meQTLs associated with between one and eight CpGs-of-interest. To assess whether these meQTLs

might contribute to *APOE* ε4 vs. ε2-associated methylation differences, their association with *APOE*

ε4 vs. ε2 carrier status was assessed. No significant associations were observed, suggesting that the

APOE ε4 vs. ε2-associated methylation differences are predominantly driven by genotype at the

APOE locus.

To investigate potential trait/disease associations with variation in methylation levels at the CpGs-of-

interest, the GWAS catalog was queried(43). This identified 234/1654 meQTLs as having genome-

wide significant associations with 316 traits (Supplementary Table 8). More than one third of the

associations are with a lipid-related traits, including LDL, HDL and total cholesterol levels. As

expected, many of the meQTL SNPs within the *APOE* locus have previously been associated with AD

and related traits, such as "Cerebrospinal fluid p-tau levels", "Cerebral amyloid deposition (PET

imaging)" and "Cognitive decline". Interestingly, five SNPs located outside of the *APOE* locus have

also been associated with traits related cognitive ability ("Cognitive ability, years of educational

attainment or schizophrenia (pleiotropy) ", "General cognitive ability", "Intelligence" and "Self-

reported math ability"). Four of these SNPs encompass the 3' end of *CCDC134* and most of the

neighbouring *SREBF2*. Between them, these four SNPs are associated in *cis* with methylation at the

four CpGs forming the two *SREBF2* DMRs. The fifth SNP, which is located on chromosome 6 in the

pseudogene *CCDC162P*, is associated with methylation at CpGs in *SREBF2* and *LDLR*. Three meQTL

SNPs have been associated with several age-related disorders (e.g. heart failure, stroke, and cancer)

and endophenotypes of these disorders (including cholesterol levels, blood pressure and blood

glucose) in a pleiotropic GWAS meta-analysis (47).

4. Discussion

We performed the first epigenome-wide comparison of DNA methylation between carriers of the

APOE ε4 and ε2 haplotypes, which confer risk for and protection from AD, respectively. In large

discovery and replication samples, we confirm the presence of *APOE* haplotype-associated

methylation differences in *APOE*, demonstrate that differences in methylation at the *APOE* locus

span a broad genomic locus encompassing several genes, and find evidence for altered methylation

at sites unlinked to the *APOE* locus. The observed methylation differences are located in a network

of genes involved in lipid metabolism and homeostasis.

Methylation differences were identified using discovery, replication and meta-analysis EWASs and

DMR analysis. Eight DMPs located on chromosome 19 in a ~169kb region spanning from upstream of

BCL3 to the *APOE*'s fourth exon showed replicated association. An additional twelve DMPs, eight of

which are located in a ~233kb region at the *APOE* locus, were identified by meta-analysing the

discovery and replication samples. DMR analysis identified six regions of differential methylation,

both within and outside of the *APOE* locus.

Within the *APOE* gene, two DMPs, cg06750524, in the second intron, and cg16471933, in the fourth

exon, were identified. *APOE* ε4 carriers showed higher methylation levels at both. This observation

directly replicates a previous study (21) and is in line with Foraker et al.'s observation of increased

methylation of the *APOE* exon 4 CpG island in ε4 carriers (20). Moreover, we have previously

demonstrated (48) that the pattern of methylation in *APOE* in our sample is consistent with that

described by Ma et al. (2015) (21). Pairwise comparisons revealed differences in *APOE* methylation

to be driven both by differences between ε2 carriers and ε3/ε3 homozygotes and ε4 carriers and

ε3/ε3 homozygotes. One interpretation of this observation is that the spectrum of methylation at

the *APOE* DMPs reflects the spectrum of AD risk conferred by different AD genotypes. It is clear,

however, that additional, likely experimental, studies are required to assess the implications of the

observed methylation pattern.

The differentially methylated CpGs at the *APOE* locus span a broad region that encompasses several

genes containing AD-associated variants (49). Long-ranging linkage disequilibrium in the region

complicates the interpretation of association signals; however, conditional analysis and fine-

mapping studies suggest the presence of multiple independent AD risk loci across the region (3, 49).

As such, the methylation differences observed in this study may be associated with variants that,

whilst being in LD with the *APOE* ε2/ε4-defining SNPs, confer risk via different pathways to these

SNPs. This notion is supported by the observation that SNPs that define an *APOE* ε4-independent

AD-risk haplotype in *PVRL2* (49) are highly significant meQTLs for the most significant DMP identified

in this study.

Beyond the *APOE* locus, DMPs were identified in an *ABCG1* intron, and upstream of *DHCR24* and

LDLR. Comparisons with ε3/ε3 homozygotes suggested the ε2 allele to be the primary driver of these

differences, suggesting the possibility that altered methylation of genes involved in lipid metabolism

might contribute to this allele's protective effects. DMRs were identified in the gene body of *SREBF2*

and in the putative promoter region of *LDLR*. The CpGs involved in the DMPs and DMRs located

outside of the *APOE* locus are associated with several meQTLs, with all of the CpGs except those

involved in the *LDLR* DMR being associated with meQTLs in *cis* as well as in *trans*. Our findings did

not, however, support a role for *cis* meQTLs for these CpGs driving associations with *APOE* ε4 vs. ε2

carrier status.

The genes outside of the *APOE* locus that harbour differentially methylated CpGs are implicated in

lipid metabolism or homeostasis. *ABCG1*, which is highly expressed in the brain, encodes a

cholesterol and phospholipid transporter and is involved in regulating the sterol biosynthetic

pathway (50). *DHCR24*, which encodes the cholesterol biosynthesis enzyme 3ß-hydroxysterol-Δ24

reductase, also known as seladin-1, plays a neuroprotective role in AD-related stress conditions,

including Aβ toxicity, oxidative stress and inflammation (51, 52). The alteration of seladin-1

expression in mouse brain and human neuroblastoma cell cultures has been shown to affect β-

secretase processing of amyloid precursor protein, with reduced seladin-1 being associated with an

increased rate of Aβ production (53). Future studies should assess whether methylation-associated

differences in the brain expression of seladin-1 (6) might mediate the established associations

between *APOE* ε4 vs. ε2 haplotype and Aβ production. The *LDLR* gene encodes the LDL receptor, one

of the neuronal receptors capable of mediating the endocytosis of ApoE, thus, maintaining brain

cholesterol homeostasis. *LDLR* expression is regulated, in part, by *SREBF2*, a transcriptional regulator

of sterol-regulated genes, which contains a SNP that is associated both with *SREBF2* expression and

CSF levels of the AD biomarkers Aβ and tau (54).

The link between *APOE* ε4 vs. ε2-associated methylation differences and lipid-related processes and

pathways was further supported by GO and KEGG analyses, the identification of meQTLs for the

differentially methylated CpGs, which were clustered in genomic regions that contain several lipid-

related genes, and their GWAS-associated phenotypes. It would be of interest to investigate the

mechanisms underlying the clustering of meQTLs in these genomic regions. Future studies might

assess, for example, the extent to which meQTLs associated with the differentially methylated CpGs

are enriched in these regions and whether they disproportionately affect certain sequence motifs.

Previous EWASs have also identified associations between some of the *APOE* ε4 vs. ε2-associated

CpGs and cholesterol levels: the *DHCR24* (cg17901584), *ABCG1* (cg06500161) and *SREBF2*

(cg16000331) DMPs have been associated with HDL cholesterol, total cholesterol and triglyceride

levels (15, 55-57). Comparisons with previous EWASs are, however, limited by the fact that the

majority of previous EWASs used the 450K array, which, does not contain 10 of the *APOE* ε4 vs. ε2-

associated CpGs.

As differences in lipid metabolism between carriers of the *APOE* ε4 and ε2 haplotypes are well-

documented (6), we assessed whether variation in blood cholesterol levels might mediate the

observed *APOE* ε4 vs. ε2-associated methylation differences. HDL cholesterol was found to be a

partial mediator of the relationship between *APOE* ε4 vs. ε2 carrier status and methylation at three

loci located outside of the *APOE* locus (two within *ABCG1* and one in the promoter of *DHCR24*), thus

suggesting one mechanism that might underlie these *trans* effects. Consistent with our observation

that methylation differences at these loci appear to be predominantly driven by *APOE* ε2 carriers

(when compared to *APOE* ε3/ε3 homozygotes), higher HDL cholesterol levels have been reported in

carriers of *APOE* ε2 (58). The effect of HDL cholesterol on methylation varied between the three loci,

with *APOE* ε2 carriers showing increased methylation at the site located in the *DHCR24* promoter

and decreased methylation at the two *ABCG1* sites. This suggests that increased HDL cholesterol

levels do not exert a general effect on methylation but rather that methylation varies in a locus-

specific manner in response to variation in HDL levels. It should be noted that an assumption of this

analysis is that reverse causation does not exist between the outcome, methylation, and the

mediator, cholesterol. Previous Mendelian Randomisation studies have predominantly supported

this premise (59, 60); however, the ability to identify robust genetic instruments has limited both the

number of methylation sites assessed and the ability to assess reverse causation. Limitations to the

GS:SFHS cholesterol data should also be noted when interpreting these findings: triglyceride levels

were not measured, preventing LDL cholesterol assessment; and blood samples were not taken at a

consistent time of day or after fasting.

The cross-sectional nature of this study precludes the observed methylation differences being

interpreted as conferring risk, protection or compensation. Comparison of methylation at these loci

in *APOE* ε4 and ε2 carriers with AD would be useful in addressing this question; however, the

optimum study design would involve the longitudinal assessment of the trajectory of ε4 vs. ε2-

associated methylation differences in AD-free individuals in midlife who either do or do not later

develop AD. These analyses are currently not feasible due to the small sizes of existing AD patient

blood-based DNA methylation samples and insufficient follow-up time of large population-based

samples.

Studies assessing the association of neuropathological hallmarks (neuritic plaque burden and/or

neurofibrillary tangles) of AD with DNA methylation in the brain have not identified the loci

identified in the present study (10, 12, 61). Although the phenotypes assessed differ, the existence

of *APOE* haplotype-associated differences in Aβ metabolism and tau phosphorylation (6) suggest

that some degree of overlap might be expected. The neuropathological hallmarks of AD are,

however, complex phenotypes and *APOE* haplotype will be one of many contributing factors (De

Jager et al. (10) reported that *APOE* ε4 could account for 13.9% of the variance in NP burden

observed in their participants). In addition, the smaller samples assessed by De Jager et al. (10),

Lunnon et al. (12) and Smith et al. (61) may have been inadequately powered to detect any

methylation differences driven by *APOE* haplotype. Differences in age and methylation profiling

platform are also likely to limit comparability: the participants assessed in these studies were much

older (mean age >75 years) than those assessed in our study (mean age ~ 50 years) and array

differences mean that only two thirds of our DMP/DMR probes were assessed. Two important

corollaries of the age difference are that brain-based studies are more likely to (i) suffer from

survivor bias and (ii) be better suited to investigating end-of-disease processes. It is also important

to note that *APOE* is involved in multiple processes, with *APOE* ε4 conferring risk for AD, at least in

part, via mechanisms that are not related to Aβ or tau pathology. A recent study has indicated that

APOE ε4-associated breakdown of the blood-brain barrier in the hippocampus and medial temporal

lobe contributes to *APOE* ε4-associated cognitive decline independently of Aβ or tau (62).

The blood provides an easily accessible tissue that can be repeatedly sampled to characterise pre-

morbid markers of risk. The extent to which it can provide mechanistic insights into diseases that are

considered predominantly brain-based, however, is a perennial subject of debate. *Cis* meQTL effects

tend to be highly correlated (r = 0.78) between the blood and the brain (63), supporting the use of

the blood to study the effects of genetic risk factors for brain-based diseases. It is also important to

note the increasing recognition of the role of peripheral processes in conferring risk for AD (64). As

the blood provides a conduit by which many circulating factors (e.g. plasma proteins and microbial

metabolites) reach the brain and affect brain ageing (65), assessing DNA methylation in the blood is

likely to be informative regarding systemic factors contributing to AD pathogenesis. Although *APOE*

is synthesised separately in the blood and the brain and neither *APOE* nor cholesterol can cross the

blood-brain barrier (66, 67), there is cross-talk between brain and blood cholesterol via oxysterols

(67), levels of which vary by *APOE* ε2/ε3/ε4 haplotype (68). Peripheral hypercholesterolemia has

been associated with increased oxysterol levels in the brain, which have been implicated in with

production and accumulation of Aβ, increased neuroinflammation and neuronal death (67).

The association between *APOE* genotype and AD varies between populations (5), with studies in

populations of Hispanic and African ancestry often reporting attenuated effect sizes for the ε4 allele

compared to studies involving European and Asian participants (69, 70). Moreover, Rajabli et al. (70)

have shown that genetic variation local to *APOE* is likely to confer protection from the effects of the

ε4 allele in individuals of African ancestry. As the participants in the present study were of European

ancestry, it should be noted that these findings are likely to be European-specific and future studies

should assess their generalisability and relevance to AD pathogenesis in other populations.

5. Conclusions

This is the first study to characterise epigenome-wide DNA methylation differences between carriers

of *APOE* ε4 and ε2. In AD-free individuals, we identified several methylation differences both at the

APOE locus and in the rest of the genome, which converge on lipid-related pathways. Strengths of

the study include the large samples available for EWAS analysis, the epigenome-wide approach, the

use of a well-phenotyped cohort with genotype data, and the avoidance of reverse causation by

studying AD-free participants. Future studies should investigate the causal relationship between

APOE genotype, DNA methylation and lipid-related processes and their role in AD pathogenesis.

Abbreviations

Aβ: amyloid beta; AD: Alzheimer's disease; CI: confidence interval; DMP: differentially methylated

position; DMR: differentially methylated region; EWAS: epigenome-wide association study; GS:SFHS:

Generation Scotland: Scottish Family Health Study; HDL: high density lipoprotein; LDL: low density

lipoprotein; PC: principal component; SNP: single nucleotide polymorphism

Declarations

Consent for publication

Not applicable

Availability of data and materials

According to the terms of consent for GS:SFHS, access to data must be reviewed by the GS Access Committee (access@generationscotland.org).

Competing interests

AMM has received grant support from Pfizer, Eli Lilly, Janssen and The Sackler Trust. These sources are not connected to the current investigation. AMM has also received speaker fees from Janssen and Illumina. The remaining authors report no conflicts of interest.

Funding

This work was supported by a Wellcome Trust Strategic Award "STratifying Resilience and Depression Longitudinally" (STRADL) [104036/Z/14/Z] to AMM, KLE, CSH, DJP and others, and an MRC Mental Health Data Pathfinder Grant [MC_PC_17209] to AMM and DJP. REM is supported by an Alzheimer's Research UK major project grant [ARUK-PG2017B-10]. KV is funded by the Wellcome Trust Translational Neuroscience PhD Programme at the University of Edinburgh [108890/Z/15/Z].

ADB would like to acknowledge funding from the Wellcome PhD training fellowship for clinicians

[204979/Z/16/Z], the Edinburgh Clinical Academic Track (ECAT) programme. Generation Scotland

received core support from the Chief Scientist Office of the Scottish Government Health Directorates

[CZD/16/6] and the Scottish Funding Council [HR03006]. Genotyping of the GS:SFHS samples was

carried out by the Genetics Core Laboratory at the Clinical Research Facility, Edinburgh, Scotland and

was funded by the UK's Medical Research Council and the Wellcome Trust [104036/Z/14/Z]. DNA

methylation profiling of the GS:SFHS samples was funded by the Wellcome Trust Strategic Award

[10436/Z/14/Z] with additional funding from a 2018 NARSAD Young Investigator Grant from the

Brain & Behavior Research Foundation [27404].

The funding bodies did not play any role in the design of the study, the collection, analysis, or

interpretation of the data, or in the writing of the manuscript.

Authors' contributions

Conception and design: RMW, KLE, REM; data analysis: RMW, KV, MLB, ADB, CH. Drafting the article:

RMW and KLE; data preparation: RMW, MLB, SWM, KR, AC, ADB, YZ, CA; data collection: AMM, KLE,

CSH, DJP. Revision of the article: RMW, KV, MLB, ADB, YZ, CA, AC, CSH, DJP, REM, KLE; all authors

read and approved the final manuscript.

Acknowledgements

We are grateful to all the families who took part, the general practitioners and the Scottish School of

Primary Care for their help in recruiting them, and the whole Generation Scotland team, which

includes interviewers, computer and laboratory technicians, clerical workers, research scientists,

volunteers, managers, receptionists, healthcare assistants and nurses.

References

1.   Lambert JC, Ibrahim-Verbaas CA, Harold D, Naj AC, Sims R, Bellenguez C, et al. Meta-analysis
of 74,046 individuals identifies 11 new susceptibility loci for Alzheimer's disease. Nat Genet.
2013;45(12):1452-8.

2.   Kunkle BW, Grenier-Boley B, Sims R, Bis JC, Damotte V, Naj AC, et al. Genetic meta-analysis
of diagnosed Alzheimer's disease identifies new risk loci and implicates Abeta, tau, immunity and
lipid processing. Nat Genet. 2019;51(3):414-30.

3.   Jansen IE, Savage JE, Watanabe K, Bryois J, Williams DM, Steinberg S, et al. Genome-wide
meta-analysis identifies new loci and functional pathways influencing Alzheimer's disease risk. Nat
Genet. 2019;51(3):404-13.

4.   Corder EH, Saunders AM, Strittmatter WJ, Schmechel DE, Gaskell PC, Small GW, et al. Gene
dose of apolipoprotein E type 4 allele and the risk of Alzheimer's disease in late onset families.
Science. 1993;261(5123):921-3.

5.   Farrer LA, Cupples LA, Haines JL, Hyman B, Kukull WA, Mayeux R, et al. Effects of age, sex,
and ethnicity on the association between apolipoprotein E genotype and Alzheimer disease. A meta-
analysis. APOE and Alzheimer Disease Meta Analysis Consortium. JAMA. 1997;278(16):1349-56.

6.   Safieh M, Korczyn AD, Michaelson DM. ApoE4: an emerging therapeutic target for
Alzheimer's disease. BMC Med. 2019;17(1):64.

7.   Tzioras M, Davies C, Newman A, Jackson R, Spires-Jones T. Invited Review: APOE at the
interface of inflammation, neurodegeneration and pathological protein spread in Alzheimer's
disease. Neuropathol Appl Neurobiol. 2019;45(4):327-46.

8.   Qian J, Wolters FJ, Beiser A, Haan M, Ikram MA, Karlawish J, et al. APOE-related risk of mild
cognitive impairment and dementia for prevention trials: An analysis of four cohorts. PLoS Med.
2017;14(3):e1002254.

9.   Babenko VN, Afonnikov DA, Ignatieva EV, Klimov AV, Gusev FE, Rogaev EI. Haplotype analysis
of APOE intragenic SNPs. BMC Neurosci. 2018;19(Suppl 1):16.

10.   De Jager PL, Srivastava G, Lunnon K, Burgess J, Schalkwyk LC, Yu L, et al. Alzheimer's disease:
early alterations in brain DNA methylation at ANK1, BIN1, RHBDF2 and other loci. Nat Neurosci.
2014;17(9):1156-63.

11.   Gasparoni G, Bultmann S, Lutsik P, Kraus TFJ, Sordon S, Vlcek J, et al. DNA methylation
analysis on purified neurons and glia dissects age and Alzheimer's disease-specific changes in the
human cortex. Epigenetics Chromatin. 2018;11(1):41.

12.   Lunnon K, Smith R, Hannon E, De Jager PL, Srivastava G, Volta M, et al. Methylomic profiling
implicates cortical deregulation of ANK1 in Alzheimer's disease. Nat Neurosci. 2014;17(9):1164-70.

13.   Slieker RC, Relton CL, Gaunt TR, Slagboom PE, Heijmans BT. Age-related DNA methylation
changes are tissue-specific with ELOVL2 promoter methylation as exception. Epigenetics Chromatin.
2018;11(1):25.

14.   Wahl S, Drong A, Lehne B, Loh M, Scott WR, Kunze S, et al. Epigenome-wide association
study of body mass index, and the adverse outcomes of adiposity. Nature. 2017;541(7635):81-6.

15.   Hedman AK, Mendelson MM, Marioni RE, Gustafsson S, Joehanes R, Irvin MR, et al.
Epigenetic Patterns in Blood Associated With Lipid Traits Predict Incident Coronary Heart Disease
Events and Are Enriched for Results From Genome-Wide Association Studies. Circ Cardiovasc Genet.
2017;10(1).

16.   Singmann P, Shem-Tov D, Wahl S, Grallert H, Fiorito G, Shin SY, et al. Characterization of
whole-genome autosomal differences of DNA methylation between men and women. Epigenetics
Chromatin. 2015;8:43.

17.   Galanter JM, Gignoux CR, Oh SS, Torgerson D, Pino-Yanes M, Thakur N, et al. Differential
methylation between ethnic sub-groups reflects the effect of genetic ancestry and environmental
exposures. Elife. 2017;6.

18.   Yuan V, Price EM, Del Gobbo G, Mostafavi S, Cox B, Binder AM, et al. Accurate ethnicity
prediction from placental DNA methylation data. Epigenetics Chromatin. 2019;12(1):51.

19.   Yu CE, Cudaback E, Foraker J, Thomson Z, Leong L, Lutz F, et al. Epigenetic signature and
enhancer activity of the human APOE gene. Hum Mol Genet. 2013;22(24):5036-47.

20.   Foraker J, Millard SP, Leong L, Thomson Z, Chen S, Keene CD, et al. The APOE Gene is
Differentially Methylated in Alzheimer's Disease. J Alzheimers Dis. 2015;48(3):745-55.

21.   Ma Y, Smith CE, Lai CQ, Irvin MR, Parnell LD, Lee YC, et al. Genetic variants modify the effect
of age on APOE methylation in the Genetics of Lipid Lowering Drugs and Diet Network study. Aging
Cell. 2015;14(1):49-59.

22.   Smith BH, Campbell A, Linksted P, Fitzpatrick B, Jackson C, Kerr SM, et al. Cohort Profile:
Generation Scotland: Scottish Family Health Study (GS:SFHS). The study, its participants and their
potential for genetic research on health and illness. Int J Epidemiol. 2013;42(3):689-700.

23.   Smith BH, Campbell H, Blackwood D, Connell J, Connor M, Deary IJ, et al. Generation
Scotland: the Scottish Family Health Study; a new resource for researching genes and heritability.
BMC medical genetics. 2006;7:74.

24.   Amador C, Huffman J, Trochet H, Campbell A, Porteous D, Generation S, et al. Recent
genomic heritage in Scotland. BMC Genomics. 2015;16:437.

25.   Kerr SM, Campbell A, Murphy L, Hayward C, Jackson C, Wain LV, et al. Pedigree and
genotyping quality analyses of over 10,000 DNA samples from the Generation Scotland: Scottish
Family Health Study. BMC medical genetics. 2013;14:38.

26.   Barbu MC, Walker RM, Howard DM, Evans KL, Whalley HC, Porteous DJ, et al. Epigenetic
prediction of major depressive disorder. medRxiv. 2019:19001123.

27.   Madden RA, McCartney DL, Walker RM, Hillary RF, Bermingham ML, Rawlik K, et al. Birth
weight predicts psychiatric and physical health, cognitive function, and DNA methylation differences
in an adult population. bioRxiv. 2019:664045.

28.   Bermingham ML, Walker RM, Marioni RE, Morris SW, Rawlik K, Zeng Y, et al. Identification of
novel differentially methylated sites with potential as clinical predictors of impaired respiratory
function and COPD. EBioMedicine. 2019;43:576-86.

29.   Team RC. R: A language and environment for statistical computing. Vienna, Austria: R
Foundation for Statistical Computing; 2019.

30.   Team RC. R: A language and environment for statistical computing. Vienna, Austria: R
Foundation for Statistical Computing; 2020.

31.   Ritchie ME, Phipson B, Wu D, Hu Y, Law CW, Shi W, et al. limma powers differential
expression analyses for RNA-sequencing and microarray studies. Nucleic Acids Res. 2015;43(7):e47.

32.   Yang J, Lee SH, Goddard ME, Visscher PM. GCTA: a tool for genome-wide complex trait
analysis. Am J Hum Genet. 2011;88(1):76-82.

33.   Saffari A, Silver MJ, Zavattari P, Moi L, Columbano A, Meaburn EL, et al. Estimation of a
significance threshold for epigenome-wide association studies. Genet Epidemiol. 2018;42(1):20-33.

34.   Willer CJ, Li Y, Abecasis GR. METAL: fast and efficient meta-analysis of genomewide
association scans. Bioinformatics. 2010;26(17):2190-1.

35.   Lenth RV. Least-Squares Means: The R Package lsmeans. Journal of Statistical Software.
2016;69(1):1-33.

36.   Suderman M, Staley JR, French R, Arathimos R, Simpkin A, Tilling K. dmrff: identifying
differentially methylated regions efficiently with power and control. bioRxiv. 2018:508556.

37.   Phipson B, Maksimovic J, Oshlack A. missMethyl: an R package for analyzing data from
Illumina's HumanMethylation450 platform. Bioinformatics. 2016;32(2):286-8.

38.   Tingley D, Yamamoto T, Hirose K, Keele L, Imai K. mediation: R Package for Causal Mediation
Analysis. Journal of Statistical Software. 2014;59(5).

39.   McCarthy S, Das S, Kretzschmar W, Delaneau O, Wood AR, Teumer A, et al. A reference
panel of 64,976 haplotypes for genotype imputation. Nat Genet. 2016;48(10):1279-83.

40.   Nagy R, Boutin TS, Marten J, Huffman JE, Kerr SM, Campbell A, et al. Exploration of
haplotype research consortium imputation for genome-wide association studies in 20,032
Generation Scotland participants. Genome Med. 2017;9(1):23.

41.   Zeng Y, Amador C, Xia C, Marioni R, Sproul D, Walker RM, et al. Parent of origin genetic
effects on methylation in humans are common and influence complex trait variation. Nat Commun.
2019;10(1):1383.

42.   Haller T, Kals M, Esko T, Magi R, Fischer K. RegScan: a GWAS tool for quick estimation of
allele effects on continuous traits and their combinations. Brief Bioinform. 2015;16(1):39-44.

43.   Buniello A, MacArthur JAL, Cerezo M, Harris LW, Hayhurst J, Malangone C, et al. The NHGRI-
EBI GWAS Catalog of published genome-wide association studies, targeted arrays and summary
statistics 2019. Nucleic Acids Res. 2019;47(D1):D1005-D12.

44.   Loh PR, Tucker G, Bulik-Sullivan BK, Vilhjalmsson BJ, Finucane HK, Salem RM, et al. Efficient
Bayesian mixed-model analysis increases association power in large cohorts. Nat Genet.
2015;47(3):284-90.

45.   Maas SCE, Vidaki A, Wilson R, Teumer A, Liu F, van Meurs JBJ, et al. Validated inference of
smoking habits from blood with a finite DNA methylation marker set. Eur J Epidemiol.
2019;34(11):1055-74.

46.   Machiela MJ, Chanock SJ. LDlink: a web-based application for exploring population-specific
haplotype structure and linking correlated alleles of possible functional variants. Bioinformatics.
2015;31(21):3555-7.

47.   He L, Kernogitski Y, Kulminskaya I, Loika Y, Arbeev KG, Loiko E, et al. Pleiotropic Meta-
Analyses of Longitudinal Studies Discover Novel Genetic Variants Associated with Age-Related
Diseases. Front Genet. 2016;7:179.

48.   Mur J, McCartney DL, Walker RM, Campbell A, Bermingham ML, Morris SW, et al. DNA
methylation in the APOE gene: its link with Alzheimer's and cardiovascular health. bioRxiv.
2019:811224.

49.   Zhou X, Chen Y, Mok KY, Kwok TCY, Mok VCT, Guo Q, et al. Non-coding variability at the
APOE locus contributes to the Alzheimer's risk. Nat Commun. 2019;10(1):3310.

50.   Burgess BL, Parkinson PF, Racke MM, Hirsch-Reinshagen V, Fan J, Wong C, et al. ABCG1
influences the brain cholesterol biosynthetic pathway but does not affect amyloid precursor protein
or apolipoprotein E metabolism in vivo. J Lipid Res. 2008;49(6):1254-67.

51.   Greeve I, Hermans-Borgmeyer I, Brellinger C, Kasper D, Gomez-Isla T, Behl C, et al. The
human DIMINUTO/DWARF1 homolog seladin-1 confers resistance to Alzheimer's disease-associated
neurodegeneration and oxidative stress. J Neurosci. 2000;20(19):7345-52.

52.   Martiskainen H, Paldanius KMA, Natunen T, Takalo M, Marttinen M, Leskela S, et al. DHCR24
exerts neuroprotection upon inflammation-induced neuronal death. J Neuroinflammation.
2017;14(1):215.

53.   Crameri A, Biondi E, Kuehnle K, Lutjohann D, Thelen KM, Perga S, et al. The role of seladin-
1/DHCR24 in cholesterol biosynthesis, APP processing and Abeta generation in vivo. EMBO J.
2006;25(2):432-43.

54.   Picard C, Julien C, Frappier J, Miron J, Theroux L, Dea D, et al. Alterations in cholesterol
metabolism-related genes in sporadic Alzheimer's disease. Neurobiol Aging. 2018;66:180 e1- e9.

55.   Braun KVE, Dhana K, de Vries PS, Voortman T, van Meurs JBJ, Uitterlinden AG, et al.
Epigenome-wide association study (EWAS) on lipids: the Rotterdam Study. Clin Epigenetics.
2017;9:15.

56.   Pfeiffer L, Wahl S, Pilling LC, Reischl E, Sandling JK, Kunze S, et al. DNA methylation of lipid-
related genes affects blood lipid levels. Circ Cardiovasc Genet. 2015;8(2):334-42.

57.   Sayols-Baixeras S, Subirana I, Lluis-Ganella C, Civeira F, Roquer J, Do AN, et al. Identification
and validation of seven new loci showing differential DNA methylation related to serum lipid profile:
an epigenome-wide approach. The REGICOR study. Hum Mol Genet. 2016;25(20):4556-65.

58.   Tan CE, Tai ES, Tan CS, Chia KS, Lee J, Chew SK, et al. APOE polymorphism and lipid profile in
three ethnic groups in the Singapore population. Atherosclerosis. 2003;170(2):253-60.

59.   Dekkers KF, van Iterson M, Slieker RC, Moed MH, Bonder MJ, van Galen M, et al. Blood lipids
influence DNA methylation in circulating cells. Genome Biol. 2016;17(1):138.

60.   Sayols-Baixeras S, Tiwari HK, Aslibekyan SW. Disentangling associations between DNA
methylation and blood lipids: a Mendelian randomization approach. BMC Proc. 2018;12(Suppl 9):23.

61.   Smith RG, Pishva E, Shireby G, Smith AR, Roubroeks JAY, Hannon E, et al. Meta-analysis of
epigenome-wide association studies in Alzheimer's disease highlights 220 differentially methylated
loci across cortex. bioRxiv. 2020:2020.02.28.957894.

62.   Montagne A, Nation DA, Sagare AP, Barisano G, Sweeney MD, Chakhoyan A, et al. APOE4
leads to blood-brain barrier dysfunction predicting cognitive decline. Nature. 2020;581(7806):71-6.

63.   Qi T, Wu Y, Zeng J, Zhang F, Xue A, Jiang L, et al. Identifying gene targets for brain-related
traits using transcriptomic and methylomic data from blood. Nat Commun. 2018;9(1):2282.

64.   Morris G, Berk M, Maes M, Puri BK. Could Alzheimer's Disease Originate in the Periphery and
If So How So? Mol Neurobiol. 2019;56(1):406-34.

65.   Pluvinage JV, Wyss-Coray T. Systemic factors as mediators of brain homeostasis, ageing and
neurodegeneration. Nat Rev Neurosci. 2020.

66.   Liu M, Kuhel DG, Shen L, Hui DY, Woods SC. Apolipoprotein E does not cross the blood-
cerebrospinal fluid barrier, as revealed by an improved technique for sampling CSF from mice. Am J
Physiol Regul Integr Comp Physiol. 2012;303(9):R903-8.

67.   Gamba P, Testa G, Gargiulo S, Staurenghi E, Poli G, Leonarduzzi G. Oxidized cholesterol as
the driving force behind the development of Alzheimer's disease. Front Aging Neurosci. 2015;7:119.

68.   Jenner AM, Lim WL, Ng MP, Wenk MR, Shui G, Sharman MJ, et al. The effect of APOE
genotype on brain levels of oxysterols in young and old human APOE epsilon2, epsilon3 and epsilon4
knock-in mice. Neuroscience. 2010;169(1):109-15.

69.   Blue EE, Horimoto A, Mukherjee S, Wijsman EM, Thornton TA. Local ancestry at APOE
modifies Alzheimer's disease risk in Caribbean Hispanics. Alzheimers Dement. 2019;15(12):1524-32.

70.   Rajabli F, Feliciano BE, Celis K, Hamilton-Nelson KL, Whitehead PL, Adams LD, et al. Ancestral
origin of ApoE epsilon4 Alzheimer disease risk in Puerto Rican and African American populations.
PLoS Genet. 2018;14(12):e1007791.

Table 1. *APOE* ε4 vs. ε2-associated DMPs identified by meta-analysis of the discovery and replication

EWASs

Probe ID	Gene symbol	Gene feature[*]	Chr.	BP[†]	Effect[‡]	SE	*P* value
cg13375295			19	45344725	-0.1031	0.0049	2.80×10^{-100}
cg06750524	*APOE*	Body	19	45409955	0.1122	0.008	1.05×10^{-44}
cg16094954	*BCL3*	TSS1500	19	45251180	-0.0994	0.0081	8.18×10^{-35}
cg10762466			19	45347693	-0.0463	0.004	1.37×10^{-30}
cg16471933	*APOE*	Body	19	45411802	0.0606	0.0055	7.17×10^{-28}
cg10178308	*PVRL2*	TSS200	19	45349383	0.1075	0.0103	2.04×10^{-25}
cg27087650	*BCL3*	Body	19	45255796	0.0455	0.0044	3.77×10^{-25}
cg04488858			19	45242346	-0.0514	0.0065	2.25×10^{-15}
cg11643040	*PVRL2*	Body	19	45361327	-0.0278	0.0038	1.46×10^{-13}
cg26631131			19	45240591	0.0298	0.0042	2.45×10^{-12}
cg17901584	*DHCR24;RP11-67L3.4*	TSS1500	1	55353706	-0.0403	0.0058	3.58×10^{-12}
cg06198803	*PVRL2*	Body	19	45371896	-0.041	0.006	1.04×10^{-11}
cg16740586	*ABCG1*	Body	21	43655919	0.0332	0.005	3.58×10^{-11}
cg03793277	*APOC1*	TSS1500	19	45416910	-0.0304	0.0049	5.99×10^{-10}
cg06500161	*ABCG1*	Body	21	43656587	0.0247	0.0042	2.67×10^{-9}
cg09555818	*APOC2;APOC4*	5' UTR; 1st exon	19	45449301	-0.0531	0.0091	5.77×10^{-9}
cg13119609	*APOC2;APOC4*	5' UTR; 1st exon	19	45449297	-0.0464	0.008	5.84×10^{-9}

cg15233575			19	45221584	-0.0223	0.0039	7.17×10^{-9}
cg14645843			19	45454752	-0.0346	0.0062	2.31×10^{-8}
cg19751789	*LDLR*		19	11199944	-0.0338	0.0061	2.43×10^{-8}

Abbreviations: BP, base position; Chr., chromosome; SE, standard error; TSS, transcription start site;

UTR, untranslated region

*Gene feature: 5' UTR: between the TSS and the ATG; Body: between the ATG and the stop codon;

TSS200: within 200 bases 5' of the TSS; TSS1500: within 1500 bases 5' of the TSS.

[†]Base position in genome assembly hg19/GRCh37

[‡]Effect direction is relative to carriers of the ε2 allele

Table 2. Significant DMRs identified through DMR meta-analysis of the discovery and replication

sample EWAS results

Chr.	Coordinates[*]	Gene symbol	Effect[†]	SE	Adj. *P* value[‡]	CpGs
19	45449297-45449301	*APOC2;APOC4*	-0.231	0.0364	1.63×10^{-4}	cg13119609; cg09555818
19	45449099-45449150	*APOC4-APOC2;APOC2;APOC4*	-0.212	0.0356	0.00203	cg01958934; cg10872931
19	11199851-11199903	*LDLR*	-0.135	0.0245	0.0290	cg07960944; cg05249393; cg22381454;
22	42230879-42230899	*SREBF2*	-0.189	0.0329	0.00755	cg15128785; cg12403973
22	42229983-42230138	*SREBF2*	-0.176	0.0312	0.0118	cg09978077; cg16000331
19	45429771-45429870	*APOC1P1*	0.148	0.0269	0.0301	cg23184690; cg08121984

716 Abbreviations: Chr., chromosome; SE, standard error; Adj., adjusted; CpGs, cytosine and guanine

717 nucleotides linked by a phosphate bond

718 [*]DMR start and end coordinates in genome assembly hg19/GRCh37

719 [†]Effect direction is relative to carriers of the ε2 allele

720 [‡]Bonferroni-adjusted *P* value

 Table 3. Top 20 GO terms showing significant enrichment for *APOE* ε4 vs. ε2-associated differentially

 methylated loci

Ontology category	Term	Proportion *	*P*-value	Genes
BP	cholesterol metabolic process	7/146	2.00×10^{-11}	*DHCR24, APOC1, APOE, LDLR, SQLE, SREBF2, ABCG1*
BP	secondary alcohol metabolic process	7/156	3.59×10^{-11}	*DHCR24, APOC1, APOE, LDLR, SQLE, SREBF2, ABCG1*
BP	chylomicron remnant clearance	4/9	4.29×10^{-11}	*APOC1, APOC2, APOE, LDLR*
BP	triglyceride-rich lipoprotein particle clearance	4/9	4.29×10^{-11}	*APOC1, APOC2, APOE, LDLR*
BP	sterol metabolic process	7/162	4.78×10^{-11}	*DHCR24, APOC1, APOE, LDLR, SQLE, SREBF2, ABCG1*
BP	cholesterol homeostasis	6/94	7.57×10^{-11}	*MYLIP, APOC2, APOE, LDLR, SREBF2, ABCG1*
BP	sterol homeostasis	6/94	7.57×10^{-11}	*MYLIP, APOC2, APOE, LDLR, SREBF2, ABCG1*
BP	cholesterol transport	6/98	1.04×10^{-10}	*APOC1, APOC2, APOE, LDLR, SREBF2, ABCG1*
BP	regulation of plasma lipoprotein particle levels	6/100	1.17×10^{-10}	*MYLIP, APOC1, APOC2, APOE, LDLR, ABCG1*
BP	phospholipid transport	6/90	1.27×10^{-10}	*APOC1, APOC2, APOE, KCNN4, LDLR, ABCG1*
BP	regulation of lipid	7/190	$1.50 \times 10^{-}$	*APOC1, APOC2, APOE,*

	biosynthetic process		10	LDLR, SQLE, SREBF2, ABCG1
BP	phospholipid efflux	4/12	1.50×10^{-10}	APOC1, APOC2, APOE, ABCG1
BP	sterol transport	6/111	2.65×10^{-10}	APOC1, APOC2, APOE, LDLR, SREBF2, ABCG1
BP	cholesterol efflux	5/56	4.60×10^{-10}	APOC1, APOC2, APOE, SREBF2, ABCG1
BP	organophosphate ester transport	6/116	6.18×10^{-10}	APOC1, APOC2, APOE, KCNN4, LDLR, ABCG1
BP	regulation of cholesterol transport	5/61	6.55×10^{-10}	APOC1, APOC2, APOE, SREBF2, ABCG1
BP	regulation of steroid metabolic process	6/123	6.67×10^{-10}	APOC1, APOE, LDLR, SQLE, SREBF2, ABCG1
BP	regulation of sterol transport	5/62	7.34×10^{-10}	APOC1, APOC2, APOE, SREBF2, ABCG1
BP	lipid localization	8/407	7.54×10^{-10}	APOC1, APOC2, APOE, KCNN4, LDLR, SQLE, SREBF2, ABCG1
BP	high-density lipoprotein particle remodeling	4/18	1.14×10^{-9}	APOC1, APOC2, APOE, ABCG1

Abbreviations: BP, biological process; CC, cellular component; GO, gene ontology; MF, molecular

function

*Number of significant target list-associated Entrez IDs associated with the gene ontology term /total

number of Entrez IDs associated with the GO term. The target list comprised probes that met a

nominal threshold for association with *APOE* ε4 vs. ε2 carrier status of $P \leq 1 \times 10^{-5}$.

Figure legends

Figure 1. Flow chart indicating the analyses carried out in this study. Yellow boxes indicate datasets

used for the analysis, blue boxes describe the analysis performed and green boxes contain the

results of the analysis. Arrows indicate for which analyses the datasets were used, the order of the

analyses and the results from each analysis.

Figure 2. Manhattan plot showing the *APOE* ε4 vs. ε2 carrier EWAS and DMR meta-analyses

results. Each point represents one of the 772,453 loci included in the EWAS meta-analysis, with the

point's position being determined by genomic position (x-axis) and significance in the EWAS meta-

analysis ($-\log_{10} P$ value; y-axis). Sites attaining genome-wide significance ($P \leq 3.6 \times 10^{-8}$) are indicated

in red and those that are involved in a significant DMR (Bonferroni-correct $P \leq 0.05$) are indicated in

blue. The locations of DMRs are further indicated by vertical blue lines. The solid horizontal line is

the threshold for genome-wide significance ($P \leq 3.6 \times 10^{-8}$).

Figure 3. Circular plot indicating the locations of *APOE* ε4 vs. ε2 carrier-associated DMP and DMR

CpGs. The first track shows a chromosome ideogram (hg19/GRCh37). The genomic locations of CpGs

identified as being DMPs or in DMRs identified in *APOE* ε4 vs. ε2 carriers are indicated by blue lines

on the second track and the meQTLs associated with these CpGs are indicated by the red lines on

the third track. The connections between CpGs and meQTLs indicate regulatory relationships (*cis*

interactions in red; *trans* interactions in blue). Gene symbols for genes located in each CpG/meQTL-

harbouring region are indicated.